



## ECI NEW ACCOUNT PROFILE

**COMPANY NAME:** \_\_\_\_\_

<b>Ownership Information</b>			
Corporation _____	Partnership _____	Sole Proprietorship _____	LLC _____
Federal Tax ID _____ or Social Security No. _____			
Provide names and contact information of owners or senior officer if company is a corporation			
<b>Name</b>			
Phone _____		Fax _____	
Email _____			
<b>Name</b>			
Phone _____		Fax _____	
Email _____			

Billing Address	Physical Address

Contact Information (orders)	Contact Information (billing)

# CHECKLIST OF REQUIRED DOCUMENTATION FOR NEW ACCOUNT SETUP

- (1) **State Certification** \_\_\_\_\_ attachments  
Please attach a copy of state certificates or certification numbers (on company letterhead) for the states (where applicable) that ECI will be providing service.
- (2) **Executed Local Service Agreement** \_\_\_\_\_ attached
- (3) **Letter of Agency** \_\_\_\_\_ LOA attached  
A Letter of Agency (LOA) must be on file for each ILEC where ECI will provide service
- (4) **Rate Sheet** (Initialed & dated) \_\_\_\_\_ attached
- (5) **State Tax Exemption Information** \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please indicate whether you are registered for tax exempt status for the states where you are requesting that service be provided. If **yes**, please provide forms or applicable numbers.
- (6) **Federal Tax Exemption Information** \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please indicate whether you have Federal Tax exempt status. If **yes**, please provide forms or applicable information.
- (7) **Deposit**  
ECI, as per the terms of service, typically waives line deposits for Subscribers who have been in business as a payphone service provider for a period of at least twelve months. If your company has **not** been in the business of providing pay telephone service for the previous twelve months a deposit of \$58.00 per line is required. This deposit may be paid by check or credit card.
- (8) **New Line Order Form** # \_\_\_\_\_ Lines  
New line order form(s) if ordering new lines. Please enter number of lines.
- (9) **Conversion Order Form** \_\_\_\_\_ Attached  
\_\_\_\_\_ File Emailed  
Please attach a conversion form or email the number of lines to be converted to ECI in an Excel format to amitchell@ernestgroup.com
- (10) **Invoicing Method**  
ECI offers four different methods of invoicing. Please select one.
- \_\_\_\_\_ 1. Please send the Excel file each month by disk  
\_\_\_\_\_ 2. Please send the Excel file each month by email to \_\_\_\_\_  
\_\_\_\_\_ 3. Please send my billing on CD each month in Access format  
\_\_\_\_\_ 4. Please send my billing by mail each month

## Authorized Representative of Ordering Company:

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

5275 Triangle Pkwy, Suite 150 • Norcross, Georgia 30092  
770-242-9069 800-456-8353 Fax: 770-441-2106